MECHANICAL CONTRACT INSPECTION REPORT

MEGNANICAL CONTRACT INCIDENTAL CITY								
BUILDING		REPORT NO.	CONTRACT NO.	CONTRACT NO.				
INSPECTOR'S NAME (Prin	t)		INSPECTOR'S SIGNATUR	INSPECTOR'S SIGNATURE				
TIME	STARTED	COMPLETED	CONTRACTOR'	CONTRACTOR'S SIGNATURE				
REVIEWED BY		DATE	RECEIPT	TIME	DATE			

INSTRUCTIONS: This form will be used for the inspection of areas and equipment under mechanical contracts by inspectors to record results. The condition of the area(s) and equipment will be rated SATISFACTORY, UNSATISFACTORY, or OUT OF SERVICE. Explain unsatisfactory or out of service rating in remarks column. After rated deficiencies have been corrected the inspector shall initial and date in the date corrected column.

LOCATION (Mechanical area, floor, room, number)	FOLUB	TYPE OF EQUIPMENT	CONDITION (✔)				INITIAL AND
	EQUIP- MENT NUMBER		SAT.	UN- SAT.		REMARKS	INITIAL AND DATE CORRECTED
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LOCATION (Mechanical area, floor, room, number)	EQUIP- MENT NUMBER	TYPE OF EQUIPMENT	SAT.	UN- SAT.		REMARKS	INITIAL AND DATE CORRECTED